

**LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

200 W. Washington, Suite 301
Indianapolis, IN 46204
(317) 233-0696
<http://www.in.gov/legislative>

FISCAL IMPACT STATEMENT

LS 6759

BILL NUMBER: SB 219

NOTE PREPARED: Apr 30, 2009

BILL AMENDED: Apr 29, 2009

SUBJECT: Immunization Registry and Pertussis Booster.

FIRST AUTHOR: Sen. Miller

FIRST SPONSOR: Rep. C. Brown

BILL STATUS: Enrolled

FUNDS AFFECTED: ☒ **GENERAL**
☒ **DEDICATED**
☒ **FEDERAL**

IMPACT: State & Local

Summary of Legislation: This bill includes a physician's designee and a pharmacist's designee as persons who may provide immunization data to the immunization data registry. The bill adds: (1) a provider's designee; (2) a child placing agency; and (3) a college or university; as persons to whom the State Department of Health (ISDH) may release information from the immunization data registry. It requires the ISDH to establish a panel to study expanding access to the registry. The bill also requires ISDH to adopt rules to require school-age children to receive immunizations against: (1) meningitis; (2) varicella; and (3) pertussis.

The bill requires a school corporation's governing body and superintendent to receive certain information about vision tests performed in the schools. It also requires school corporations to provide to the Department of Education (DOE) certain information concerning vision tests conducted by each school. This bill requires school corporations to make and maintain records of requested waivers of the requirement to conduct certain vision tests. The bill also requires the State Superintendent to make and maintain records of all actions taken by the State Superintendent concerning all requested waivers of the requirement to conduct certain vision tests.

Effective Date: July 1, 2009.

Explanation of State Expenditures: *Immunization Registry:* This bill expands the entities that may request immunization information from the ISDH. The bill will increase the workload of the ISDH to the extent that additional requests for information are submitted.

The bill requires ISDH to convene a panel to discuss expanding access to the immunization information

registry. ISDH is also required to submit the results of the discussion to the Legislative Council by October 1, 2009. This will also increase the workload of ISDH; however, the increase is expected to be minimal.

Vision Testing: This bill requires the DOE to maintain the records of waivers made to schools that are unable to provide an annual vision test to enrolled students. This will increase the workload of DOE to maintain these records, however, increases are expected to be minimal.

Additionally, the bill requires DOE to report information received from local school corporations regarding required vision testing. DOE reported that this should not result in a major fiscal impact.

Immunizations for School-Age Children: The bill also requires ISDH to adopt rules to require school-age children to receive additional immunizations against meningitis, varicella, and pertussis. This will increase both ISDH workload and expenses in order to (1) research and draft rules, (2) have legal staff review rules through the rule-making process, (3) hold at least one public hearing on the rules, and (2) provide required notices.

According to the Advisory Committee on Immunization Practices of the U.S. Centers for Disease Control and Prevention (CDC), immunizations are recommended for meningitis, varicella, and pertussis. State expenditures to provide the required immunizations will vary depending on (1) the rules adopted by ISDH, (2) the immunizations needed for children enrolled in the state Children's Health Insurance Program (CHIP) and (3) and the timing of implementing the rule.

ISDH reports that the federal Vaccines for Children (VFC) program administered by the CDC currently provides all recommended vaccines to eligible children at no cost. Included in the list of recommended vaccines are the varicella, meningitis, and pertussis immunizations. Eligible children are those under the age of 18 and are any one of the following: (1) eligible for Medicaid, (2) without health insurance, (3) American Indian, (4) Alaskan Native, or (5) have health insurance that does not cover vaccines. Program participants are not liable for the costs of the immunization, only a processing fee. This bill may not increase state expenditures to provide immunizations to indigent children if they qualify and obtain immunizations under the VFC program.

The VFC program currently provides immunizations to uninsured children, underinsured children, and children on Medicaid. Children who participate in the CHIP program would not be considered eligible to receive immunizations from the VFC program as CHIP is considered health insurance. However, children who receive CHIP benefits are entitled to age-appropriate immunizations under the program. If these immunizations are considered age-appropriate immunizations, CHIP expenditures will increase to finance the costs of providing the required immunizations. [Note: CHIP participants are not subject to any deductibles, coinsurance, or other cost-sharing fees for age-appropriate immunizations.]

The base CDC cost for each immunization is as follows: (1) pertussis, between \$1.27 to \$10.02 per dose [cost varies depending on any other immunizations included with this particular inoculation]; (2) meningitis, \$15.27 per dose; (3) varicella, \$6.15 per dose. The total CDC cost for all three immunizations is between \$22.69 and \$31.44. The number of immunizations provided to CHIP-enrolled children to meet the requirements of any rules adopted by ISDH is indeterminable and would depend on whether these children fall under the specification of coverage outlined in the rule and whether they had received the immunization prior to entry into the CHIP program. The estimated cost to immunize 1,000 eligible children in the CHIP program would be between \$22,700 and \$31,500. It should be noted that under the CHIP program, approximately 73% of the expenses are reimbursable by the federal government. The state share to provide

immunizations to 1,000 CHIP eligible children would be between \$6,100 and \$8,500.

Background Information: Under IC 20-34-4-4, if a parent cannot secure immunizations for their child, the local health department may provide the immunization. These immunizations may be furnished by either the local health department or ISDH.

Explanation of State Revenues:

Explanation of Local Expenditures: *Immunizations:* Under the bill, local school corporations may have to ensure that children receive required immunization unless there is an allowable reason that the child should not be immunized.

Vision Testing: The bill requires schools to provide all records of vision testing to the DOE and to a local school corporation's governing body and superintendent. This will increase the workload of local school corporations. [Schools are currently required to provide waivers to the DOE if a vision exam using a modified clinical technique cannot be administered to students in the school.]

Explanation of Local Revenues:

State Agencies Affected: ISDH, DOE.

Local Agencies Affected: Local school corporations.

Information Sources: Scott Zarazee, SDH; Amanda Mizell, ISDH; CDC; Recommendations of the Advisory Committee on Immunization Practices of the CDC; Burns and Associates, Inc., Independent Evaluation of Indiana's Children's Health Insurance Program, Published April 1, 2008; Neil Ruddock, DOE; Frank Bush, Indiana School Boards Association.

Fiscal Analyst: Bill Brumbach, 317-232-9559.